


Electronic Filing System (EFS) Data

Electronic Patent Application Submission

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EFS ID:	11722	
Application ID:	09681907	
Title of Invention:	Method For Treating Dye Wastewater	
First Named Inventor:	Alfredo Teran	
Domestic/Foreign Application:	Domestic Application	
Filing Date:	null	
Effective Receipt Date:	2001-06-22	
Submission Type:	Utility Patent Filing	
Filing Type:	new-utility	
Confirmation Number:	0	
Attorney Docket Number:	1321.28	
Digital Certificate Holder:	cn=Anton John Hopen, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US	
Certificate Message Digest:	tyL/x8CGxGGSaHERGF4IFQ==	
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TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 1321.28



Method For Treating Dye Wastewater

First Named Inventor: Alfredo J. Teran

SUBMITTED BY

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	1321bapds.xml
fee-transmittal	1321bfee.xml
specification	Spec.xml
declaration	Dec01.tif
declaration	Dec02.tif
declaration	Dec03.tif

Attached Image File(s):

Dec01.tif
Dec02.tif
Dec03.tif

2001-06-25 10:00:00

Comments:

2001_06/11722/subm.zip/tran1321b.xml

Practitioner's Docket No. 1321.28

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original co-inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Method For Treating Wastewater

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anton J. Hopen
Ronald E. Smith
Matthew G. McKinney

Registration Number 41,849
Registration Number 28,761
Registration Number 46,920

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)**Inventor's signature**
Alfredo J. Toran**Date**06-22-2001, 2001**Country of Citizenship**

USA

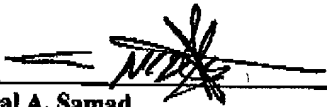
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FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 435

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 2000
 Expiration Date: 20020531
 Authorized Name: Anton J. Hopen
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BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 15	203	\$ 9	0	\$ 0
Independent Claims: 5	202	\$ 40	2	\$ 80

Subtotal For Extra Claims Fees: \$ 80